

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 10/527309												
1 Date of Request: _____		2 Serial/Patent # _____										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
		Filing			\$							
		Amendment			\$							
		Extension of Time			\$							
		Notice of Appeal/Appeal			\$							
		Petition			\$							
		Issue			\$							
		Cert of Correction/Terminal Disc.			\$							
		Maintenance			\$							
		Assignment			\$							
Other			\$									
		7 TOTAL AMOUNT OF REFUND		\$								
		8 TO BE REFUNDED BY: <small>Repln. Ref: 07/25/2005 PKIDWELL 0015506100 DAH: 000114 Name/Number: 10527309 FC: 0204 \$40.00 CR</small>										
		Treasury Check										
10 REASON:		Credit Deposit A/C #:										
Overpayment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
Duplicate Payment												
No Fee Due (Explanation):												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: _____		TITLE: _____										
SIGNATURE: _____		<small>Repln. Ref: 07/25/2005 PKIDWELL 0015506100 DAH: 000114 Name/Number: 10527309 FC: 0204 \$250.00 CR</small>										
OFFICE: _____												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____		DATE: _____										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**